DSS-278 (R 4-99)

PROFILE OF FAMILY CARE HOME

A. IDENTIFYING DATA		
NameAddress		
1 10010()		
Length of time at this address		
Age		
HOUSEHOLD MEMBERS AGE RELATIONS		
Phone ·		
Relationship		
C. SILICANIOFERATUR		·
Previous experience as a foster parent, caretaker, nurse aid or family care oper	ator.	
Yes No If yes, elaborate		
	•	
Level of Education		
Level of Education		
Level of Education Health problems Yes No If yes, elaborate		·
Level of Education Health problems Yes No If yes, elaborate		·
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS		·
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home?		·
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet?	Yes	
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS:	Yes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS:	YesYes	No No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness	YesYes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies	YesYesYes	No No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF:	Yes Yes Yes Yes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF: Community Resources	Yes Yes Yes Yes	NoNoNoNo
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF: Community Resources Psychiatric Disorders	YesYesYesYesYesYesYesYesYesYesYesYesYesYes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF: Community Resources 2. Psychiatric Disorders 3. Special Needs of the Elderly	YesYesYesYesYesYesYesYesYesYesYesYesYesYes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: I. Fire Illness Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF: Community Resources Psychiatric Disorders Special Needs of the Elderly Medications	Yes	No
Level of Education Health problems Yes No If yes, elaborate D. SAFETY FACTORS Guns or other weapons kept in the home? Are weapons kept in a locked cabinet? CONTINGENCY PLANS: 1. Fire 2. Illness 3. Medical Emergencies DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF: Community Resources 2. Psychiatric Disorders 3. Special Needs of the Elderly	Yes	No

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E. RESIDENT AC					
Resident will be per					
l. Eat meals with fa	mily? Yes	No 4	Have access to TV?	Yes	_ No
2. Be included in a	ctivities? Yes 1	No 5	. Have access to living room?	Yes	 No
3. Have access to k	itchen? Yes N	o 6	. Have access to telephone?	Yes	No
F. TYPE OF RES	IDENTS ACCEPT	ED (Check	k the appropriate choices)	*****	
Male		_	Female		
Private Pay Only			History of Alcoholism		
Use of Tobacco		_	Under Age of 50		
Emotional/Mental H		····	_ :	_	
If resident transfers	during the month w	ill ch arges i	for remaining days be refunded?	Yes	_ No
G. PHYSICAL ST	RUCTURE				
Neighborhood:					
Urban		cpair? Y	es No		
Rural	Furnishings ade	quate and i	n good condition? Yes	No	_
Suburban	Air conditioning	g? X	es No		
Housekeeping standa	ards? Excellent	_Good	Fair Poor		
Number of rooms					
Location of residents					-
Private		Semi-l	Private		
Yard accessible to re	sidents?	Yes	No		
Yard fenced?		Yes_	No		
Porches accessible to		Yes _	No		
Will residents need to		Yes	No		
If yes, explain					····
Is residence wheelch:			No		
H. COMMENTS A	ND RECOMMEN				
WORKER'S SIGNA	ATURE_		DATE		

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A. IDENTIFYING DATA	FILE OF FAMILY CARE HOM	Ę.	
NameAdd	1 res s		
Phone()			
Length of time at this address			
Age			
HOUSEHOLD MEMBERS AGE	RELATIONS		
	·	•	
B. RELIEF PERSON Name	Phone		
AddressC. APPLICANT/OPERATOR	Relationship		
Previous experience as a foster parent, carette Yes No If yes, elaborate	aker, mirse aid or family care opera		
Level of Education	•		
Health problems Yes No If ye	s, elaborate		
D. SAFETY FACTORS		٠	
Guns or other weapons kept in the home?			No
Are weapons kept in a locked cabinet? CONTINGENCY PLANS:		Yes	No
1. Fire			
2. Illness			No
B. Medical Emergencies			No
DOES THE APPLICANT/OPERATOR HAV	TE COME A TIADENMEN OF	Yes	No
Community Resources	ve some awareness of:	47	
2. Psychiatric Disorders			No
Special Needs of the Elderly			_ No
. Medications			No
,			No
Vill applicant/operator provide or secure tran	isportation to the doctor, etc?	Yes	No
are there pets in the home? Yes No	u yes, ust number and kind		

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E. RESIDENT ACTIVITY				
Resident will be permitted /encouraged	to:			
l. Eat meals with family? Yes 1	No 4	Have access to TV2	V., 37	
2. Be included in activities? Yes	No 5	Have access to living room?	Yes N	o
3. Have access to kitchen? Yes N	0 6	Have access to telephone?	Yes N)
F. TYPE OF RESIDENTS ACCEPT	ED (Check	k the appropriate choices)	165 N)
Male		Female		
MalePrivate Pay Only	_	History of Alcoholism		
Use of Tobacco	-	Under Age of 50	_	
Emotional/Mental Health Problems	_	0.2407 1.780 01.30		
If resident transfers during the month wi	ll charges f	Or remaining days he refunded?	Yes Ma	
G. PHYSICAL STRUCTURE	•	and the second s	103 110	· ·
Neighborhood: Appearance:				
Urban House in good r	epair? Y	es No		
Rural Furnishings ade	quate and in	n good condition? Yes	No	
Air conditioning	? Yo	es No		
Housekeeping standards? Excellent	Good	Fair Poor		
Number of rooms				
Location of residents' bedrooms:				
I IIVALG	Semi-P	rivate		<u></u>
Yard accessible to residents?	Yes	No		
Yard fenced?		No		
Porches accessible to residents?		No		
Will residents need to climb stairs?		No	•	
f yes, explain				
is residence wheelchair accessible?	Yes	No		
H. COMMENTS AND RECOMMENT	DATIONS			
	<u>; </u>			
	···-			
			<u> </u>	
MODIZEDIG GYOTA				
VORKER'S SIGNATURE		DATE		·